

**Return To: Wyoming Workers' Safety and Compensation  
Cheyenne Business Center 1510 East Pershing Boulevard  
Cheyenne, WY 82002**

**REQUEST FOR CHANGE OF ADDRESS**

Case Number: \_\_\_\_\_

SS#: \_\_\_\_\_

Employee: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**NEW ADDRESS**

New Mailing Address: \_\_\_\_\_

New Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTICE:** If you are receiving payments through the Electronic Funds Transfer (Direct Deposit) and this change of address will affect your bank account, you will be required to submit an updated EFT form.